

SHIREMANSTOWN ZONING HEARING BOARD

APPLICATION VARIANCE, SPECIAL EXCEPTION, APPEAL OR OTHER ZONING RELIEF

1. Name of Applicant/Appellant: _____

(a) _____ (b) _____
Phone Number Email Address

2. Address of Applicant/Appellant: _____

3. Name of Agent/Attorney for Applicant/Owner: _____

4. Name of Owner of Property upon which zoning relief or issue is applicable: _____

5. Address of Owner of Property upon which zoning relief or issue is applicable: _____

6. Tax Parcel Number of applicable property: _____

6. Relief Sought (check all that apply) () Variance () Special Exception
() Appeal of Zoning Officer Decision () Other _____
() Challenge to Validity of Ordinance or Zoning Map

7. General Description of Relief Sought: _____

(Attach additional sheets if necessary)

8. Applicable Zoning District _____

9. Applicable Ordinance Section _____

10. Any additional information or basis for zoning relief: _____

Date: _____

(Signature of Applicant/Owner/Agent)

Date Received by Borough _____ Filing Fee \$ _____